

RED BLUFF JOINT UNION HIGH SCHOOL DISTRICT

FACILITY USE

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

FEIN (Tax #): _____

Insurance Company: _____

Policy Number: _____

Insurance Coverage Amounts: _____/_____

Coverage Dates: _____ to _____

Contact Name: _____

Position in Organization: _____

Day Time Phone: _____

Fax Number: _____

Cell Phone: _____

Email: _____